

After Katrina:

RESPONDING TO TRAUMA

"...The best help is often rendered by people on the front lines – people who take the time to listen and say the right things at the right time. However, it's important for caregivers to know what to say and do before they reach out to others."

- Mark Learner, Ph.D.

The Addiction Technology Transfer Center Network presents:

FREE, Hour-Long Educational Calls for Caregivers About Handling Trauma

Tuesday, September 13th..... 10:30am Central

Thursday, September 15th..... 10:30am Central

Lecture-Style Calls • Up to 400 Participants

10 minutes before the call is scheduled to begin, dial:

1-800-764-9071

Featuring: Dr. Mark Lerner

Dr. Lerner, president of the American Academy of Experts in Traumatic Stress (www.aaets.org), will discuss what caregivers working with people impacted by Hurricane Katrina can do to help relieve traumatic stress.

Not Available at the Time of the Call? No Problem.

After the scheduled time for each call, simply dial 1-800-764-9087 to hear a recording of the lectures.

This service will be available for 10 days after each call.

LEARN ABOUT:

- Symptoms of traumatic stress
- Common ways people react to trauma
- What is appropriate for caregivers to say and do
- How to "ground" and connect with people to aid in their recovery

SEND QUESTIONS FOR DR. LERNER TO:

Participants will be muted on the calls. **If you have specific questions for Dr. Lerner, e-mail them prior to these calls to no@nattc.org.**

For those without e-mail, call in your questions.

Alabama & Florida:

850-222-6731

Louisiana (toll-free):

866- 246-5344

Mississippi: 401-444-1859

Texas: 512-232-0618



The Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Thanks to our technology partner, The Conference Depot (1-888-273-1331), for helping to make these calls possible.

After Katrina:

DISASTER COUNSELING TIPS

The following disaster counseling information was adapted from SAMHSA's National Mental Health Information Center Web Site on September 7, 2005. Access the complete document at www.mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0096/default.asp.

HOW TO ESTABLISH RAPPORT

Survivors respond when caregivers:

- Make eye contact
- Have a calm presence
- Listen with their hearts
- Show genuine concern
- Convey respect and are nonjudgmental

APPROPRIATE THINGS TO SAY

- These are normal reactions to a disaster.
- It is understandable that you feel this way.
- You are not going crazy.
- It wasn't your fault, you did your best.
- Things may never be the same, but they will get better, and you will feel better.

INAPPROPRIATE THINGS TO SAY

- It could have been worse.
- You can always get another pet/car/house.
- It's best if you just stay busy.
- I know just how you feel.
- You need to get on with your life.

These types of comments may make survivors feel discounted, not understood, or more alone.

HOW TO ACTIVELY LISTEN

- **Allow silence** – give the survivor time to reflect and become aware of his/her feelings.
- **Attend nonverbally** – eye contact, head nodding and caring facial expressions let the survivor know you are connected.
- **Paraphrase** – repeating portions of what the survivor says conveys understanding, interest and empathy. It also confirms that you accurately understand what is being said. Good lead-ins include: "So you are saying that" or "I am hearing you say"

ALLOW EXPRESSION OF EMOTION AND REFLECT FEELINGS BACK

- Expression of intense emotion through tears or angry venting is important to healing.
- Caregivers should stay relaxed, breathe and let the survivor know it is okay to feel emotions.
- The survivor's tone may suggest anger, sadness or fear. Caregivers should acknowledge these feelings. Possible responses are, "You sound (scared, angry, sad), does that fit for you?"

THINGS TO REMEMBER:

- Most people do not see themselves as needing mental health services following a disaster and will not seek such services. Survivors may reject disaster assistance of all types.
- Disaster mental health services should be uniquely tailored to the communities they serve.
- Mental health workers need to set aside traditional methods, avoid the use of mental health labels and use an active outreach approach to intervene successfully in times of disaster.

*From SAMHSA's National Mental Health Information Center's
Training Manual for Mental Health and Human Service Workers in Major Disasters
(www.mentalhealth.samhsa.gov/publications/allpubs/ADM90-538/tmsection2.asp)*